
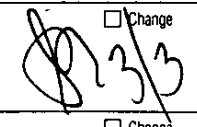
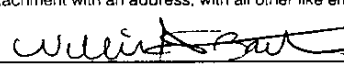


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006939 1. Entity Name UNITY LIFETREE CHRISTIAN CENTER, INC						FILED 08 MAR -3 PM 2:35 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 20030 NE 23RD PLACE WILLISTON, FL 32696				Mailing Address 20030 NE 23RD PLACE WILLISTON, FL 32696			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BATTLES, WILLIE A 1290 NE SR 121 WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATTLES, WILLIE A 1290 NE SR 121 WILLISTON, FL 32696 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGALL, RHONDA 20030 NE 23RD PLACE WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alfonso Council 5874 NW 64th St Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, TIFFANY POST OFFICE BOX 993 WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joyce Wilson 5001 SW 20th St # 3409 Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATTLES, SHARON D 1290 NE SR 121 WILLISTON, FL 32696 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100120090301 03/12/08--01016--017 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Trustee John Ivery 15321 N Hwy 441 @ Reddick, FL 32686		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 2/27/08		Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							